



Texas Department of Insurance

Division of Workers' Comp

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

INNOVA HOSPITAL-SAN ANTONIO
4243 E. SOUTHCROSS BLVD
SAN ANTONIO, TX 78222

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

Carrier's Austin Representative Box

Box Number 45

MFDR Tracking Number

M4-11-2335-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "When the first claim was submitted on 10/13/2010, CPT code 62284 was used by our coders, even though it was not the primary code that was authorized. Upon receipt of the first explanation of benefits, we were denied payment due to CPT code 62284 being a non-billable code under OPPS. We also found out the operative note had a mistake in it when it listed a lumbar myelogram, instead of a cervical myelogram. We had Dr. Ghadially correct the operative note...On 2/21/11, I sent a corrected claim along with the corrected operative note and a few of the patient's medical records for reconsideration. It was clearly marked as a corrected claim and not a duplicate."

Amount in Dispute: \$917.08

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Office reviewed this requestors billing thoroughly and found that after the initial denial was sent was sent on November 4, 2010, the provider failed to submit a corrected claim timely in accordance with Rule 133.20(b). The corrected bill was received by the Office on 2/23/11 which in accordance with Rule §102.4 is 133 days from the date of service."

Response Submitted by: State Office of Risk Management, P.O. Box 13777, Austin, TX 78711

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 6, 2010	72240, 76000, 72126	\$917.08	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers submission of a Reconsideration for Payment of Medical Bills.
4. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
5. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
6. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
7. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated October 15, 2010.

- 97- Payment is included in the allowance for another service/procedure.
- B7-This provider was not certified/eligible to be paid for this procedure/service on this date of service.
- 62284 Not paid under OPPS

Explanation of benefits dated February23, 2011.

- 29-The time limit for filing has expired.
- The provider has submitted this bill as reconsideration but has removed/changed the diagnosis and/or CPT/HCPC Code(s) and/or total billed amount, thus making it a new bill and subject to the 95 day timely filing rule.

Issues

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Texas Administrative Code §133.20 and 133.250?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code §408.027 and Texas Administrative Code §102.4?
3. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to 28 Texas Administrative Code §133.20(b) states in pertinent part "Except as provided in Labor code §408.0272...a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that §408.0272 applies to the service in dispute, for that reason, the health care provider and requestor in this dispute were required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Texas Administrative Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus 5 days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
2. Review of the documentation submitted by the Requestor finds a copy of a medical bill with creation date, October 13, 2010 and a reconsideration bill stamped "corrected claim" with creation date February 18, 2011. A copy of a corrected Operative Report was also found. Per 28 Texas Administrative Code §133.20(c) A health care provider shall include correct billing codes from the applicable Division fee guidelines in effect on the date(s) of service when submitted medical bills. Per 28 Texas Administrative Code §133.250(d)(1), The request for reconsideration shall 1) reference the original bill and include the same billing codes, date(s) of service and dollar amounts as the original bill. Upon resubmission of the bill, the Requestor changed the primary procedure code 62284 to 72240 and also, on February 9, 2011 the operative report was corrected from a Lumbar myelogram to a Cervical myelogram. Because of the changes to the bill the Division concludes that the corrected bill is a new bill. No documentation was found to sufficiently support that the corrected bill and operative report were submitted for payment to the insurance carrier within 95 days after the date on which the health care services were provided to the injured employee.
3. In accordance with Texas Labor Code §408.027, the health care provider and requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for the service in dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	September 14, 2011
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.